

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  <b>E</b>	1. FILE NUMBER <b>000 - 323</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2000</b> Through <b>12 31 2000</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input checked="" type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	<b>Amended Report</b>		
4. AFFILIATION OR ORGANIZATION NAME <b>FARM WORKERS, UNITED, AFL-CIO</b>		8. MAILING ADDRESS First Name <b>ARTURO</b> Last Name <b>RODRIGUEZ</b> P.O. Box - Building and Room Number (if any) <b>P.O. BOX 62</b> Number and Street <b>29700 WOODFORD - TEHACHAPI RD</b> City <b>KEENE</b> State ZIP Code + 4 <b>CA 93531 - </b>	
5. DESIGNATION (Local, Lodge, etc.) <b>NHQ</b>		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <b>5/20/02</b> (661) 823-6105 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <b>5/21/02</b> 661-823-6105 Date Telephone Number	TREASURER (If other title, see instructions.)
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## During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☒ ☐
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ ☐
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 5 9 4 5
19. What is the date of your organization's next regular election of officers? MO 0 9 YEAR 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees		
(a) Regular Dues/Fees	\$ 2% of gross wag per Month	(Month, Year, etc.)
(b) Initiation Fees	\$ 0	
(c) Transfer Fees	\$ 0	
(d) Work Permits	\$ 0 per	(Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☒ No ☐  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 0 0 - 3 2 3

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash.....			2 4 9 8 0 4 6	2 9 3 5 2 0 8
	26. Accounts Receivable.....			3 1 1 0 9 3	2 1 7 1 5 5
	27. Loans Receivable.....	1		0	0
	28. U.S. Treasury Securities.....			0	0
	29. Investments.....	2		0	0
	30. Fixed Assets.....	5		2 5 3 9 9 1	2 5 2 5 2 8
	31. Other Assets.....	3		6 6 0 0 3	3 4 9 5 6
	32. TOTAL ASSETS.....			3 1 2 9 1 3 3	3 4 3 9 8 4 7
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable.....			1 5 2 9 3 2	1 5 1 2 9 5
	34. Loans Payable.....	8		0	0
	35. Mortgages Payable.....			0	0
	36. Other Liabilities.....	4		9 0 3 7 2	2 3 1 1 6 3
	37. TOTAL LIABILITIES.....			2 4 3 3 0 4	3 8 2 4 5 8
38. NET ASSETS (Item 32 less Item 37).....			2 8 8 5 8 2 9	3 0 5 7 3 8 9	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 0 - 3 2 3

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		1 7 9 7 5 5 8	56. To Officers.....	9	3 2 8 6 2 5
40. Per Capita Tax.....		0	57. To Employees.....	10	1 9 0 0 3 1 1
41. Fees.....		1 5 4 5 1 2 1	58. Per Capita Tax.....		1 5 9 5 0 5
42. Fines.....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	2 3 1 0 9 2 6
44. Work Permits.....		0	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		4 0 1 2 7 6	62. Professional Fees.....		6 6 3 9 7 6
46. Interest.....		1 0 8 6 9 7	63. Benefits.....	11	2 3 6 4 9 6
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	1 5 6 3 5
48. Rents.....		0	65. Supplies for Resale.....		2 7 7 3 8 6
49. Sale of Investments & Fixed Assets.....	6	4 7 5 2 3	66. Direct Taxes.....		2 6 2 6 7 0
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		4 4 3 8 0 5
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	1 0 7 8 2 9
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		9 8 0 7 3	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	3 2 5 4 6 9 6	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		1 0 1 0 7 9
			73. Other Disbursements.....	15	7 5 3 9
55. TOTAL RECEIPTS.....		7 2 5 2 9 4 4	74. TOTAL DISBURSEMENTS .....		6 8 1 5 7 8 2

Enter Amounts in Dollars Only -- Do Not Enter Cents

## SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: NONE Purpose: NONE Security: NONE Terms: NONE	0	0	0	0	0
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

## SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 0 0 - 3 2 3

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in ..... Item 29, Column (B)	

## SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. Prepaid Expenses	2 7 8 6 1
2. Travel Advances	7 0 9 5
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 4 9 5 6
The total from Line 7 is entered in ..... Item 31, Column (B)	

## SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Accrued Payroll	1 9 8 2 1 8
2. Funds Held in Trust	2 6 7 1 9
3. Workers Comp Payable	1 4 9 1
4. Payroll Taxes Payable	3 5 5 4
5. Sales Taxes Payable	7 8 6
6. Total from additional pages (if any)	3 9 5
7. Total of Lines 1 through 6	2 3 1 1 6 3
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 0 0 - 3 2 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 1741 S. Harvard Blvd., Los Angeles,	1 4 2 8 9		1 4 2 8 9	1 4 2 8 9
2. Totals from additional pages (if any)				
3. Buildings (give location): 1741 S. Harvard Blvd, Los Ange	1 1 5 7 1 1	1 0 3 4 4	1 0 5 3 6 7	1 0 5 3 6 7
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	5 1 2 3 5 9	4 4 4 5 3 4	6 7 8 2 5	6 7 8 2 5
6. Office Furniture and Equipment	4 9 3 7 1 3	4 2 8 6 6 6	6 5 0 4 7	6 5 0 4 7
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 1 3 6 0 7 2	8 8 3 5 4 4	2 5 2 5 2 8	2 5 2 5 2 8
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Vehicles	3 0 5 2 7 1	3 4 6 3 9	4 7 5 2 3	4 7 5 2 3
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	3 0 5 2 7 1	3 4 6 3 9	4 7 5 2 3	4 7 5 2 3
	7. Less Reinvestments			0
	8. Net Sales			4 7 5 2 3
The total from Line 8 is entered in ..... Item 49				

# **SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 0 0 0 - 3 2 3

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Vehicles	57 475	57 475	57 475
2. Equipment	50 354	50 354	50 354
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	107 829	107 829	107 829
	7. Less Reinvestments		0
	8. Net Purchases		107 829
The total from Line 8 is entered in ..... Item 68			

# **SCHEDULE 8 -- LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 0 0 - 3 2 3

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	RODRIGUEZ ARTURO PRESIDENT	C	3 0 1 4 0	0	2 7 4 2	0	3 2 8 8 2
2.	YBARRA TANIS SEC-TREA	C	4 1 5 9 3	0	1 0 6 5 4	0	5 2 2 4 7
3.	HERSHENBAUM IRV 1ST VP	C	2 3 1 8 7	0	1 1 0 1 1	0	3 4 1 9 8
4.	BARAJAS EFREN 2ND VP	C	5 6 5 2 0	0	5 7 6 9	0	6 2 2 8 9
5.	MARTINEZ GUADALU 3RD VP	C	3 4 1 9 9	0	7 5 6 9	0	4 1 7 6 8
6.	VALDEZ-COX JUANITA NATIONAL VP	C	2 7 7 1 2	0	1 1 1 4 8	0	3 8 8 6 0
7.	AGUIRRE GUSTAVO NATIONAL VP	C	2 4 6 3 5	0	5 1 3 9	0	2 9 7 7 4
8. Totals from additional pages (if any)			7 2 4 1 6	0	2 0 2 2 2	0	9 2 6 3 8
9. Totals of Lines 1 through 8			3 1 0 4 0 2	0	7 4 2 5 4	0	3 8 4 6 5 6
					10. Less Deductions		5 6 0 3 1
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements		3 2 8 6 2 5

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 0 0 - 3 2 3

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. ABAD CLERICAL N/A	VICTOR		1 4 8 7 7	0	0	0	1 4 8 7 7
2. AGUIRRE ORGANIZER N/A	BALTAZA		2 2 6 2 4	0	0	0	2 2 6 2 4
3. ALVAREZ ORGANIZER N/A	CASIMIR		2 3 1 8 7	0	0	0	2 3 1 8 7
4. ARBENZ ADMIN ASST N/A	RICHARD		2 2 4 7 1	0	0	0	2 2 4 7 1
5. ARCINIEGA ORGANIZER N/A	JESSICA		2 3 2 7 1	0	0	0	2 3 2 7 1
6. Totals from additional pages (if any)			1 7 6 9 1 5 8	0	0	0	1 7 6 9 1 5 8
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates			4 1 2 4 9 7	0	0	0	4 1 2 4 9 7
8. Totals of Lines 1 through 7			2 2 8 8 0 8 5	0	0	0	2 2 8 8 0 8 5
					9. Less Deductions		3 8 7 7 7 4
The total from Line 10 is entered in ..... Item 57					10. Net Disbursements		1 9 0 0 3 1 1

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 0 - 3 2 3

Description (A)	To Whom Paid (B)	Amount (C)
1. MEDICAL	ROBERT F. KENNEDY MEDICAL	2 3 6 4 9 6
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 3 6 4 9 6

The total from Line 6 is entered in ..... Item 63

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE CONTRIBUTIONS	1 5 6 3 5
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 5 6 3 5

The total from Line 8 is entered in ..... Item 64

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. TRAVEL & VEHICLE EXPENSE	3 7 4 3 9 0
2. SPACE & OCCUPANCY	3 8 0 6 4 7
3. DIRECT MAIL(Print,Postage,Mail	7 3 2 0 0 4
4. TELEPHONE & FAX	2 3 8 3 3 7
5. POSTAGE	7 7 7 4 7
6. SUPPLIES	8 3 5 2 0
7. Total from additional pages (if any)	4 2 4 2 8 1
8. Total of Lines 1 through 7	2 3 1 0 9 2 6

The total from Line 8 is entered in ..... Item 60

# **SCHEDULE 14 - OTHER RECEIPTS**

Description (A)	Amount (B)
1. AD BOOKS	6 1 7 8 0
2. EVENTS	1 2 4 4 9 3
3. SOLICITED DONATIONS	2 4 6 9 7 8 5
4. HONORARIUMS	5 5 4 0 0
5. SOLIDARITY MEMBERSHIP	1 0 6 7 8 6
6. ORGANIZING SUPPORT	3 0 0 0 0 0
7. UNSOLICITED DONATIONS	1 3 6 4 5 2
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 2 5 4 6 9 6

The total from Line 17 is entered in ..... Item 54

# **SCHEDULE 15 - OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. PAYROLL DEDUCTIONS	3 4 5 5
2. SALES TAXES	4 0 8 4
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 5 3 9

The total from Line 17 is entered in ..... Item 73

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
GAMBOA	GUADALU	C	2 8 9 7 6	0	7 3 0 1	0	3 6 2 7 7
NATIONAL VP							
GUILLEN	ROSALIN	C	3 4 5 0 5	0	1 2 9 2 1	0	4 7 4 2 6
NATIONAL VP							
HUERTA	DOLORES	P	8 9 3 5	0	0	0	8 9 3 5
SEC-TREA							
RUIZ	CECILIA	P	0	0	0	0	0
3RD VP							

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
ARGUETA	JUANA	1 7 2 5 1	0	0	0	1 7 2 5 1
COMMUINTY WORKER						
N/A						
ARNOLD	ALISON	2 7 2 2 8	0	0	0	2 7 2 2 8
DEVELOPMENT DIR						
N/A						
BARAJAS	LAURO	2 6 0 8 1	0	0	0	2 6 0 8 1
BUSINESS AGENT						
N/A						
BEDOLLA	EULOGIA	1 4 7 7 3	0	0	0	1 4 7 7 3
CLERICAL						
N/A						
CASTILLO	CAMILO	1 9 6 6 4	0	0	0	1 9 6 6 4
MAINTENANCE						
N/A						

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
CASTILLO CLERICAL N/A	1 2 1 2 0	0	0	0	1 2 1 2 0
CHAVEZ BUSINESS AGENT N/A	2 8 3 8 2	0	0	0	2 8 3 8 2
CHAVEZ ACCOUNTING CLERK N/A	1 4 0 7 9	0	0	0	1 4 0 7 9
CONTRERAS COMMUNITY WORKER N/A	1 5 0 2 0	0	0	0	1 5 0 2 0
CORONA ORGANIZER N/A	2 3 1 8 7	0	0	0	2 3 1 8 7

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 000 - 323

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
CORONA COMMUNITY WORKER N/A	ROSA	1 8 4 6 3	0	0	0	1 8 4 6 3
CUELLAR BUSINESS AGENT N/A	EDUARDO	5 5 0 5 7	0	0	0	5 5 0 5 7
CURIEL BUSINESS AGENT N/A	FRANK	2 9 5 5 3	0	0	0	2 9 5 5 3
DELGADO COMMUNITY WORKER N/A	CHRISTI	2 3 4 2 4	0	0	0	2 3 4 2 4
ELENES ORGANIZER N/A	ARMANDO	2 1 8 7 4	0	0	0	2 1 8 7 4



ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
ESPINOZA ANDRES ORGANIZER N/A	2 1 7 8 2	0	0	0	2 1 7 8 2
ESPINOZA JOSEFIN CLERICAL N/A	1 6 8 3 8	0	0	0	1 6 8 3 8
ESTRADA JULIO ADMIN ASST N/A	1 9 7 1 1	0	0	0	1 9 7 1 1
FERNANDEZ ANTONIO COMMUNITY WORKER N/A	2 0 3 7 2	0	0	0	2 0 3 7 2
FLOCKS SARA COMMUNITY WORKER N/A	1 1 4 4 4	0	0	0	1 1 4 4 4

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
GOMEZ FRED ADMIN ASST N/A	3 4 6 4 2	0	0	0	3 4 6 4 2
GONZALEZ ALBERTO BUSINESS AGENT N/A	1 1 5 9 4	0	0	0	1 1 5 9 4
GONZALEZ MIRNA COMMUNITY WORKER N/A	1 2 4 4 6	0	0	0	1 2 4 4 6
GONZALEZ RAQUEL ACCOUNTING CLERK N/A	1 9 7 9 8	0	0	0	1 9 7 9 8
GUZMAN MARTHA ADMIN ASST N/A	2 2 3 3 5	0	0	0	2 2 3 3 5

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 000 - 323

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
GUZMAN	SERGIO	4 4 0 4 6	0	0	0	4 4 0 4 6
BUSINESS AGENT						
N/A						
HIDALGO	CECILIA	2 9 8 8 7	0	0	0	2 9 8 8 7
COMMUNITY WORKER						
N/A						
HIDALGO	FLORA	1 4 2 1 4	0	0	0	1 4 2 1 4
COMMUNITY WORKER						
N/A						
HOOVER	SAMUEL	1 9 1 0 4	0	0	0	1 9 1 0 4
RESEARCHER						
N/A						
IZQUIERDO	MANUEL	2 6 4 1 6	0	0	0	2 6 4 1 6
BUSINESS AGENT						
N/A						

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
KAIN COMMUNITY WORKER N/A	ERIN	1 1 0 2 2	0	0	0	1 1 0 2 2
KSAHKOO LI COMMUNITY WORKER N/A	GIEV	2 8 4 7 6	0	0	0	2 8 4 7 6
KISHEL RESEARCHER N/A	PATRICI	1 5 6 5 0	0	0	0	1 5 6 5 0
LAMBRIGHT COMMUNITY WORKER N/A	EVELIA	1 8 2 5 6	0	0	0	1 8 2 5 6
LARA ORGANIZER N/A	EFRAIN	1 7 2 6 1	0	0	0	1 7 2 6 1

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
LARIOS MARIA	COMMUNITY WORKER	2 0 0 0 1	0	0	0	2 0 0 0 1
N/A						
LOPEZ LUIS	BUSINESS AGENT	1 3 3 2 6	0	0	0	1 3 3 2 6
N/A						
LOPEZ OLIVIA	COMMUNITY WORKER	1 0 4 6 5	0	0	0	1 0 4 6 5
N/A						
MADRIGAL SALVADO	ORGANIZER	1 8 7 4 6	0	0	0	1 8 7 4 6
N/A						
MAGANA RALPH	ACCOUNTING CLERK	2 4 6 1 5	0	0	0	2 4 6 1 5
N/A						

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

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ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MARTINEZ MARIA CLERICAL N/A	1 5 0 2 3	0	0	0	1 5 0 2 3
MARTINEZ MARICEL COMMUNITY WORKER N/A	2 0 3 7 0	0	0	0	2 0 3 7 0
MECARTNEY MARY RESEARCHER N/A	2 8 9 7 6	0	0	0	2 8 9 7 6
MENDOZA SALVADO ORGANIZER N/A	2 2 6 2 4	0	0	0	2 2 6 2 4
MORAN JUAN BUSINESS AGENT N/A	2 7 0 4 5	0	0	0	2 7 0 4 5

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
ONTIVEROS THELMA COMMUNITY WORKER N/A	1 8 1 3 8	0	0	0	1 8 1 3 8
PADILLA YOLANDA COMMUNITY WORKER N/A	2 1 9 7 2	0	0	0	2 1 9 7 2
PENA SALVADO BUSINESS AGENT N/A	2 4 3 5 1	0	0	0	2 4 3 5 1
PEREZ ALICIA COMMUNITY WORKER N/A	1 1 6 4 2	0	0	0	1 1 6 4 2
PHILLIPS CRUZ COMMUNITY WORKER N/A	2 4 3 5 1	0	0	0	2 4 3 5 1

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
PINAL	ROMAN	3 2 3 9 4	0	0	0	3 2 3 9 4
COMMUNITY WORKER						
N/A						
RANDHAWA	HARJIT	3 6 7 3 4	0	0	0	3 6 7 3 4
H.R. DIRECTOR						
N/A						
RANDS	AILSA	1 6 5 5 7	0	0	0	1 6 5 5 7
CLERICAL						
N/A						
RAPER	STAN	2 2 5 5 7	0	0	0	2 2 5 5 7
COMMUNITY WORKER						
N/A						
RIVERA	JORGE	4 6 8 5 7	0	0	0	4 6 8 5 7
BUSINESS AGENT						
N/A						



ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

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ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
RIVERA LAURA	COMMUNITY WORKER	2 5 3 3 3	0	0	0	2 5 3 3 3
N/A						
ROCHA GENARO	COMMUNITY WORKER	2 0 4 9 4	0	0	0	2 0 4 9 4
N/A						
RODRIGUEZ GILBERT	ORGANIZER	2 1 2 6 4	0	0	0	2 1 2 6 4
N/A						
ROJAS MARIA	CLERICAL	1 6 3 3 2	0	0	0	1 6 3 3 2
N/A						
ROMERO GUS	BUSINESS AGENT	2 0 1 1 9	0	0	0	2 0 1 1 9
N/A						

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

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12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
ROMERO	NANCY	1 5 0 8 2	0	0	0	1 5 0 8 2
CLERICAL						
N/A						
RUELAS	ROSA	1 2 3 5 1	0	0	0	1 2 3 5 1
ACCOUNTING CLERK						
N/A						
RUIZ	JUAN	2 0 0 0 0	0	0	0	2 0 0 0 0
CLERICAL						
N/A						
SANCHEZ	ANTONIO	2 1 9 6 8	0	0	0	2 1 9 6 8
ORGANIZER						
N/A						
SANCHEZ	LUPE	2 6 4 4 3	0	0	0	2 6 4 4 3
ADMIN ASST						
N/A						

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
SANDOVAL ALICIA COMMUNITY WORKER N/A	2 1 4 8 5	0	0	0	2 1 4 8 5
SERNA YOLANDA ORGANIZER N/A	2 2 1 7 2	0	0	0	2 2 1 7 2
SHERMAN JOCELYN COMMUNICATIONS N/A	3 1 7 8 2	0	0	0	3 1 7 8 2
STOLLER KEITH HR DIRECTOR N/A	1 4 5 2 6	0	0	0	1 4 5 2 6
TIRADO ROSA CLERICAL N/A	1 5 8 9 9	0	0	0	1 5 8 9 9

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

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## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
TREVINO ORGANIZER N/A	SILVIA	1 3 8 4 1	0	0	0	1 3 8 4 1
URANDAY ADMIN ASST N/A	ESTHER	3 5 1 8 5	0	0	0	3 5 1 8 5
URANDAY ACCOUNTING CLERK N/A	JULIANN	1 6 8 3 8	0	0	0	1 6 8 3 8
VALENCIA ORGANIZER N/A	REFUGIO	2 1 7 1 8	0	0	0	2 1 7 1 8
VIDAURRI COMMUNITY WORKER N/A	EVA	3 4 3 8 1	0	0	0	3 4 3 8 1

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

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12/31/2000

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
VILCHIS COMMUNITY WORKER N/A	LEONARD	1 6 0 3 5	0	0	0	1 6 0 3 5
VILLARINO CONTROLLER N/A	LIZ	3 8 3 0 6	0	0	0	3 8 3 0 6
WOOD CLERICAL N/A	SANDRA	1 5 9 4 5	0	0	0	1 5 9 4 5
YBARRA CLERICAL N/A	MARIA	1 7 7 8 9	0	0	0	1 7 7 8 9
ZAVALA ADMIN ASST N/A	MARCELI	1 7 1 9 7	0	0	0	1 7 1 9 7

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

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## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
ZUNIGA MARICEL COMMUNITY WORKER N/A	1 8 4 7 9	0	0	0	1 8 4 7 9

ORGANIZATION NAME: FARM WORKERS, UNITED, AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2000

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## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
EQUIPMENT RENTAL/MAINTENANCE	8 8 9 4 9
PRINTING	7 6 0 2 6
CONFERENCES/MEETINGS	1 2 8 1 5 5
INSURANCE	1 9 5 6 0
LOCAL COMMITTEE EXPENSES	1 4 5 7 2
SETTLEMENTS	2 0 0 0
STRIKE ASSISTANCE	1 7 7 5 9
OFFICE(FEES,PR,ADS,PROP TAX)	7 7 2 6 0

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2000

FILE NUMBER: 0 0 0 - 3 2 3

## SCHEDULE 4 – OTHER LIABILITIES *(continued)*

Description (A)	Amount at End of Period (B)
Payroll Deductions Payable	3 9 5



ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

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12/31/2000

## 75. ADDITIONAL INFORMATION

Item Number	
11	Robert F. Kennedy Farm Workers Medical Plan

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	Robert F. Kennedy Farm Workers Medical Plan, P.O. Box 47, Keene, CA 93531; #94-6186170  Juan de la Cruz Pension Plan, P.O. Box 36, Keene, CA 93531; #95-6454441

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 000 - 323

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
12	National U.F.W. Political Action Committee Secretary of State, CA

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2000

FILE NUMBER: 000 - 323

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	An audit was performed by an outside independent auditor:  Donald Mendez, CPA

ORGANIZATION NAME:  
FARM WORKERS, UNITED, AFL-CIO

FILE NUMBER: 0 0 0 - 3 2 3

ENDING DATE OF PERIOD COVERED:  
12/31/2000

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
22	See attached

## CONSTITUTIONAL AMENDMENT NUMBER ONE

Fifteenth Constitutional Convention  
United Farm Workers of America, AFL-CIO  
September 2 & 3, 2000 – Fresno, California

The constitutional changes made here clarify that the union's jurisdiction is all agricultural and non-agricultural employees.

### Article 2 - JURISDICTION

Section b: Change "agricultural and related laborers" to "agricultural and non-agricultural laborers".

### Article 6 – OBJECTIONS AND PURPOSES OF THE UNION

(1) Change "agricultural and related laborers" to "agricultural and non-agricultural laborers".

(2) Change "agricultural and related laborers" to "agricultural and non-agricultural laborers".

(3) Change "agricultural and related laborers" to "agricultural and non-agricultural laborers".

(4) Change "agricultural and related laborers" to "agricultural and non-agricultural laborers".

### Article 8 – ELIGIBILITY

Section a: change "related industries" to "non-agricultural industries"

## CONSTITUTIONAL AMENDMENT NUMBER TWO

Fifteenth Constitutional Convention  
United Farm Workers of America, AFL-CIO  
September 2 & 3, 2000 – Fresno, California

These constitutional amendments change the Union Executive Board from seven board members to nine board members.

### Article 34 – ELECTION OF NATIONAL OFFICERS

Section a: Change “two National Vice Presidents” to “four National Vice Presidents”.

### Article 38 – COMPOSITION AND AUTHORITY

Section a: Change “two National Vice Presidents” to “four National Vice Presidents”.

### Article 48 – TITLES AND TERMS OF OFFICE

Section a: Change “two National Vice Presidents” to “four National Vice Presidents”.

### Article 54 – Duties of National Vice-Presidents

Section a: Change “two National Vice Presidents” to “four National Vice Presidents”.

Section b: Change “two National Vice Presidents” to “four National Vice Presidents”.